

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

**10/535169**  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3		2	1			
4		2	1			
5		2		3		
6		2	1			
7		2	1			
8		2		1		
9		2	1			
10		2		1		
11		2	1			
12		(1)	1			
13		2	1			
14		2	1			
15		2				
16	1					
17	1					
18	1					
19	1					
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		10				
28	1					
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38	1					
39	1					
40	1					
41	1					
42	1					
43		2				
44		2				
45		2				
46		1				
47		2				
48		2				
49		2				
50		2				
TOTAL IND.		↓	43	↓		↓
TOTAL DEP.	←		190	←		←
TOTAL CLAIMS			233			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55	1					
56	1					
57	1					
58	1					
59		1				
60		1				
61	1					
62	1					
63	1					
64		10				
65	1					
66	1					
67	1					
68	1					
69		4				
70		4				
71		4				
72		4				
73		4				
74		4				
75		4				
76		4				
77		4				
78		4				
79		4				
80		10				
81		10				
82	1					
83	1					
84	1					
85	1					
86	1					
87	1					
88	1					
89	1					
90		4				
91		1				
92		4				
93		4				
94		4				
95		4				
96		4				
97		4				
98		4				
99		2				
100	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						